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OPERATIONS FOR CLUB-FOOT AND CURVATURE OF THE SPINE.

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DECEMBER 9, 1840, Miss A. E., ætat. 25, daughter of a distinguished clergyman, now deceased, placed herself under my care. She has varus congenitus of the left foot, of the third degree. The temperature of the limb is lower, and the foot smaller than the other. The leg is also smaller, and an inch and a half shorter than its fellow. The tarsal bones are loose and easily moved on each other. She is constitutionally slender and delicate, and has not enjoyed good health from infancy. The spine is badly curved, in consequence of her irregular manner of walking; and the sternum hollowed in posteriorly, so as to impede the free action of the lungs and heart. She has frequent palpitations, and labors for breath, particularly on going up an ascent, or making a hurried effort of any kind.

16th. Divided the tendo-Achillis, and the tibialis anticus, in the presence of Dr. J. Mason Warren, and applied my apparatus, as usual, on the same day.

17th. Has had no pain, and rested well.

26th. Removed the dressings for the second time. Found the puncture made in dividing the tendo-Achillis, somewhat inflamed, and had a festering appearance. The ankle was slightly swollen. Applied empl. plumbi, and bandaged the leg.

27th. Found the appearance of the puncture much as yesterday. The orifice was open, and not healed as usual by the first intention. In doing this operation, I made use of a knife, in breadth not more than the twelfth of an inch, but the integuments were more divided than usual when I use the tenotome. Probably some air was admitted.

29th. On removing the dressings, found the orifice not healed, and discharging a thin, ichorous matter. The skin was inflamed around it, and the integuments adhered to the tendon. Applied court plaster, bathed the limb with camphorated spirit, and bandaged the foot and leg. At night applied a poultice made of sol. acet. plumbi and bread.

31st. Appears much better. Inflammation has subsided, and the parts look more healthy.

Jan. 5th, 1841. There is some œdematous swelling of the ankle, but the orifice has closed. Continued bandages and spirituous solution.

20th. Put on a boot. She is to wear this during the day, and apply the apparatus at night.

May 23d. It is now nearly five months since Miss A. E.'s foot was

operated upon. She has walked very well, and occasionally in the streets, for the last two months; and for a longer time about the house. The foot is nearly normal, and she begins to think about taking measures for correcting the curvatures in the spine.

On minute examination, I find she has four lateral curves. The upper one extends quite up to the os occipitis. She inclines her head to the right, and is in the habit of resting it on the right fore-arm and hand; the elbow being supported on a table, chair, or any convenient article that may be near her. The greatest curvature is situated about the middle of the dorsal vertebræ, with its convexity towards the right side. The deviation here is two inches from the mesial line. The right shoulder is elevated. The right scapula projects, and there is very considerable excoriation of the ribs on this side. I asked her if she was willing I should cut her back. She unhesitatingly said yes. Dr. J. C. Warren, my friend and brother-in-law, was called in consultation. He advised an operation.

May 25th. Divided this day the longissimus dorsi, the sacro-lumbalis, and trapezius, in the presence of Dr. J. Mason Warren and Dr. J. V. C. Smith. There was very little blood lost in the two operations, and she bore them with that cheerfulness and equanimity which so strongly mark her character. While in the act of dividing the muscles, she was asked if it hurt her. She smiled, and said "a little—not much." A compress was applied and secured by a bandage.

26th. Slept little last night, owing principally to the compress, which was rather thick, and the tightness of the bandage. Removed the bandage and compress, and applied a common poultice, moistened with tinct. opii. She suffers no inconvenience from the division of the trapezius. Afternoon of this day, she is now quite comfortable; has slept considerable; still feels some dull pain in her back. Recommended, if it continued, 25 drops of tinct. opii at night—also sol. sulph. magnesia.

27th. Slept well. Says she has no pain, but a weary sensation in her back. Laid four hours on the extension plane this morning, without its causing the least uneasiness.

28th. Slept well. Suffers no pain or uneasy sensation in the back or neck. In fact, the division of the trapezius has occasioned no inconvenience whatever, from the first. She has moved her head with perfect freedom. There is a slight tenderness in the back on pressure upon the parts where the muscles were divided.

31st. Has had no pain since last date. Has spent most of the days on the extension plane, and a part of each night. Back much improved.

June 15th. The back continues to improve daily, but she complains that in walking her foot inclines on the outer side. On examination, I find that the foot has outgrown the shoe of the boot, and consequently the foot is cramped and twisted, which causes the weight of the body to rest too much on the outer marginal surface. I regret that I had not known this circumstance before, as it might easily have been prevented by substituting a suitable boot. She has now been walking for some weeks in this cramped condition of the foot.

18th. Think it best to re-divide the *tibialis anticus*, and the *abductor propius pollicis pedes*, and re-apply the foot-apparatus, which I did.

July 1st. Miss A. E. wore the foot apparatus nearly a week, without attempting to walk; after which she had a boot made adapted to the improved state of the foot, and sufficiently long, since which she has taken her usual walks, with perfect ease to herself, and with the sole of the foot resting naturally on the sole of the boot.

Sept. 6th. The foot is almost entirely restored. It is now fourteen weeks since the operation on the back. She has passed one week of the time in the country. With this exception, she has very steadily pursued a course of orthopedic means to bring the spine into a normal shape. The greatest deviation now is only one fourth of an inch from the mesial line. She has gained over an inch in height, and her health has very much improved. Notwithstanding the various operations on her foot and back, and the various mechanical means she has made use of, she has been regularly gaining flesh and strength; and her health is in every respect much better than when she came to Boston. She is still continuing orthopedic exercises.

JOHN B. BROWN.

Boston, Sept. 13, 1841.

DR. DAVENPORT'S CASES OF STRABISMUS DIVERGENS.

[Concluded from page 93.]

CASE V.—*July 23d.* Miss Catharine St. Leger, Franklin street, was recommended to my care by Dr. John D. Fisher, on account of divergent strabismus of the right eye, of which her friends give the following report, viz.: that while a child of a few years of age, playing with other children, she received a blow upon the right eye with a pebble, which occasioned a severe and long-continued inflammation, and upon the subsidence of the ophthalmia the squinting was first observed; and this eye has remained irritable, and subject often to attacks of inflammation, since the accident. The squint is very decided, and is a serious drawback upon the patient's good looks. The vision of the strabismic eye is so much impaired, that with it she can distinguish merely the centre bar of a window. When both eyes are open, the pupil of each corresponds both in size and degree of motion; but the sound eye being closed, the pupil of the squinting eye instantly becomes largely dilated and fixed; which last circumstance, taken in connection with the blindness, sufficiently indicates the presence of partial amaurosis. The irides are blue, and the movements of the right eye alone (the other being closed) are normal. General health is good. In the presence of Drs. John C. Warren, J. Mason Warren, and Eastman of Portland, I divided, with scissors and blunt hook, the external rectus muscle, by which the eye was brought into the centre of the orbit, both eyes looking forward. Being requested to turn the eye outward, the patient was able to effect this movement to more than half way between the cornea and the external canthus, and this notwithstanding the complete division of the muscle and investing fascia. When at rest, the eyes again became straight. In this operation there was con-

siderable hemorrhage, and extensive ecchymosis occurred at the time, from the escape of the blood into the loose subconjunctival cellular tissue. Apply compress with iced water, and take two ounces of the solution of the sulphate of magnesia.

24th. The hemorrhage soon ceased upon applying the iced water. Now there is no pain, and but little uneasiness about the eye; the ecchymosis has extended to the internal canthus, forming half of a circle round the cornea. The eye is in the centre of the orbit. May close the sound eye and exercise the other.

27th. The ecchymosis has in a great measure disappeared, and the patient bears the light well. With the eye operated upon she is now able to read large letters on a handbill.

Aug. 12th. The eye looks perfectly well and retains a correct position. Can now distinguish letters of less than half the size of those above mentioned.

CASE VI.—This case presents the only instance in which I have met with double divergent strabismus; and being in all respects of an unfavorable character, I advised the patient of the small chance it afforded of a successful result. With this understanding I was willing to make the attempt, hoping that the deformity, which was very great, would at least be somewhat diminished thereby.

Miss M. D., æt. 24, the patient referred to—a young lady of intelligence and resolution—was recommended to me by Dr. H. B. C. Greene. Her mother informs me that at the age of two years, she was attacked with inflammation (probably of a strumous character) in the right eye, and that three years afterwards the same occurred in the opposite eye. After the ophthalmia had subsided, opacities were observed upon the cornea of each eye. In the course of two or three years from that time, the existence of strabismus was noticed by the family. Present appearances: if the patient directs the right eye (being that upon which she depends for useful vision) upon an object immediately before her, the left eye turns outward so that the external margin of the cornea is partially concealed by the eyelids; but when her attention is not particularly fixed upon any object, both eyes diverge—the right slightly. By closing the right eye she can readily bring the left into the centre, but cannot turn it fully towards the internal canthus. Both corneæ are opaque. The opacity of the left is diffused or nebulous, and is situated directly over the pupil, while that of the right is dense and pearl colored, like albugo, and is somewhat to the right of the pupil—which circumstance may explain the evident tendency in this eye to diverge, as by so doing more light is admitted through the pupil; and this object is assisted by a habit of inclining her head a little towards the left when reading or sewing. In this way she is enabled to see well with the right eye, but the vision of the other is much impaired. The irides are of a blue color, and the pupils dilate and contract naturally. The eyeballs are well formed and rather prominent.

Assisted by Dr. Greene, Dr. Gay, and Dr. Tuck of Barnstable, I divided the external straight muscle of the left eye, according to the plan pursued by Mr. C. R. Hall, of England. An aperture or incision was made through the conjunctiva, from two to three lines from the external

margin of the cornea, and nearly on a line with the inferior margin of the rectus externus muscle; into this was introduced the probe-pointed blade of the scissors, which was pushed horizontally towards the body of the muscle, and then by depressing the handle and directing the blade upward, it was passed beneath the tendon, and by closing the blades the tendon, cellular membrane and conjunctiva were divided by one stroke. In this particular case, a curved probe was passed under the tendon before introducing the blade of the scissors, but this is an unnecessary precaution, besides which it prolongs the operation. Upon unclosing the opposite eye, the left was nearly or quite straight, and the right as before—a little divergent. For a single instant, the patient had double vision, which passed away like a flash and did not recur. This phenomenon, equally strange and unexpected, caused her much alarm, which was happily of momentary duration. The tendon, in this case, was broad and flat; it was completely divided, and the sclerotica was exposed to a considerable extent; yet upon making the experiment, it was found that the eye could be turned outward much beyond the centre of the orbit, as in Case V. At the same time the patient had regained the full power of turning the eye into the inner canthus.

31st. Looking with the right eye, the left still inclines a little outward; otherwise doing well. Likewise the patient reports that the vision of the eye operated upon has improved since the operation. She was directed to cover the right eye and make use of the left. This direction was not fully complied with, from an apprehension, on her part, that it would lead to permanent injury of the other eye.

With regard to the final result of this case, sufficient time has not elapsed to enable me to speak with certainty. There is an evident improvement, which may be permanent or may not, and the case may be subjected to another operation.

A short time since I was consulted by the father of a boy, about five years of age, who had been subject since infancy to divergent strabismus of the right eye. Upon examination, I found that both eyes were extremely myopic (the focal distance in reading common print, being less than four inches), and were affected with constant oscillation, similar to what occurs in connection with congenital cataract and other congenital diseases of the eye that impair the power of vision. There was no apparent disparity in the vision of the two eyes, and in reading both corresponded in direction; but the moment his attention was directed to any distant object, the right eye diverged widely from the centre. The child's mother (now deceased) had divergent strabismus of one eye. Division of the muscle being deemed premature, I advised Mr. F. to let the boy wear, except when engaged in reading or in school, a pair of concave glasses accurately adapted to *each* eye, and having the right outer half of the right glass ground or otherwise rendered obscure, so that the pupil might be directed forward towards the transparent portion. For this suggestion, as well as for much valuable assistance in ophthalmic operations, I am indebted to Dr. H. B. Inches.

Dissection of the Eye, after the Operation for the Cure of Strabis-

mus.—This notice is taken from the London Medical Gazette, and if it has not already appeared in the Journal, I will thank you to publish it.

“George Clark, æt. 30, had an operation in St. George’s Hospital for strabismus divergens on 1st December, and died from pulmonary disease on 1st January. The eye and its appendages were removed and carefully dissected. It was found that the external rectus was completely divided, just at the part where it was beginning to be tendinous; that the muscle itself had retracted to the distance of about three fourths of an inch from its natural attachment, but that it still remained attached to the globe by a strong band of cellular tissue. This band was about three lines in width, and six in length, and was attached to the ball of the eye about two lines behind the original insertion of the muscle; and such was its strength, that it admitted of being pretty forcibly pulled upon without giving way. There can be no doubt that this band consisted of the loose cellular membrane, which naturally connects the muscle with the globe, stretched into this elongated form, and afterwards condensed by inflammation.

“*Query.*—What part does the investing fascia of the straight muscles take in the re-union of the divided muscle with the globe?”

Case of Intermittent Strabismus.—While upon the subject of strabismus, I beg leave to present to the readers of the Journal, a brief sketch of a well-marked case of the periodical or intermittent form of that disease, which I was allowed to examine by the kindness of Dr. John Flint, who attends the family. The details were furnished me by the mother of the child, a lady of intelligence and observation.

H. C. W., between three and four years of age, an active but delicate child, with eyes of a dark-hazel color, and of a remarkable clearness and brilliancy. When about 18 months old, her mother noticed, for the first time, that strabismus convergens of each eye occurred spontaneously for the period of three successive days, and always towards the latter part of the day, and having on each day continued for the space of a few moments only, the obliquity entirely disappeared. Three or four weeks subsequently, upon waking from sleep, both eyes were again inverted, and this attack or paroxysm continued until bed-time. The following day both eyes were straight, but on the next or third day, both turned about noon, and so remained until she retired for the night. After a second interval of three or four weeks, she again had a recurrence of the squint upon waking in the morning; but after a sleep at noon, the eyes were straight. In the course of a week or ten days, her eyes were observed to be turned for several days in succession, the squint commencing about mid-day and lasting till night—being straight upon rising each morning. On one afternoon, while slightly indisposed, Mrs. W. observed that the child’s eyes were alternately crossed, and then became straight, several times during the space of a few minutes; or, in other words, there occurred a quick succession of spasmodic contractions of the straight muscles of the eyes. Shortly afterwards the squint became confirmed in the left eye, the right ceasing to be subject to it, and the paroxysms recurred regularly on alternate days. It would be more exact to say that after lasting throughout one entire day, the following morning there oc-

curred an intermission, which varied in duration from several hours to a whole day, to be succeeded on the next by the regular quotidian paroxysm, if I may be allowed the use of the term. With a few exceptions to be noticed presently, this has been the course of the complaint for more than twelve months. First, at about 2 years of age she was attacked suddenly with convulsions, after which both eyes were straight during that and the succeeding day. The same thing took place six months afterwards, when she had a second attack of convulsions. These two, I may observe, are the only attacks of convulsions she has had, on which point I was particular in my inquiries, from the belief that such are not infrequently the cause of strabismus. Second, in November last, making a visit into the country, she travelled several miles upon a rail-road, and complained that the motion of the cars produced a sensation of dizziness, with some nausea. Soon after arriving at their place of destination, she was somewhat indisposed, and the left eye became inverted, and continued so for about five days without any intermission. Her return to Boston, by the same mode of conveyance, occasioned the same unpleasant feelings, and produced the same effect on the eye.

With regard to the health of this patient, her mother states that she has never been seriously ill, with the exception of the attacks of convulsions above mentioned, nor did she suffer much from dentition, to which cause the convulsions did not seem referable. Now the child appears to be in perfect health, and her power of vision is nowise impaired.

Boston, No. 11 Winter street, Aug. 14th, 1841.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 98.]

VENESECTION.—In 1798, influenced by the high authority of Dr. Rush, bloodletting was carried to a great height. From the expectation, that by the combined force of this mode of depletion, together with the purgative properties and specific action of calomel, this formidable enemy might be overcome, recourse was had to copious detractions of the vital fluid. As to the quantity, we were scarcely guided by admeasurement; we permitted the blood to flow until we imagined the symptoms were in some degree ameliorated. In by far the greater number of cases, profuse bleedings were productive of exhaustion to such an extent that the possibility of recovery was greatly diminished. There indeed may arise certain conditions in which a well-timed and judicious use of the lancet may be attended with benefit; but the cause of the fever cannot be extinguished by abstractions of blood, however copious. In contagious, or self-limited diseases, the sole object of depletion is to remove irritation, from whatever source it may spring. If the “cause” of the yellow fever, therefore, depend upon a peculiar kind of inflammation which may be increased by *excessive* vascular action, all the advantage to be derived from venesection is the emission of as much blood as is sufficient to take off the *excess*; a few ounces more than enough to produce this effect depress the strength to such a degree as to retard recovery, and sometimes induce fatal debility.

Hence it requires great acumen and tact to *hit* upon the proper time for venesection, and the proper quantity of blood to be drawn.—The word *hit* is employed, because, on account of the circulatory organs being thrown into great commotion by the cause of the fever, the pulse affords no criterion by which we can ascertain the true state of the disease. From the anatomico-pathological researches by minds of superior sagacity and experience, no appreciable inflammation (to subdue which, of all the remedies made use of, especially in the yellow fever, copious venesections are considered by some the "*SINE QUA NON*") is found in either of the viscera of the three cavities. It is otherwise in pneumonia, in which, when the pulse is full, hard and frequent, the taking of blood in sufficient quantity to lower vascular action and give freedom to respiration may not be injurious; but when, though full and frequent, it be easily compressible, this mode of depletion must be resorted to on no consideration; the compressibility of the pulse being the result of nervous irritation and not of inflammation.

In E. Shattuck's case, it may be inferred spontaneous hemorrhage having had a great agency in causing the recession, and determining the first stage of the fever, it affords a strong presumption in favor of the utility of vascular depletion, and, therefore, it ought not to be omitted. Because the violence of the fever is mitigated by spontaneous hemorrhage, it by no means follows that a corresponding relief will be experienced by drawing blood by artificial means. The spontaneous effort of nature to relieve itself, the sudden and salutary change that ensues, the precise time when the hemorrhage will do the most good, as well as the quantity to be discharged, cannot be imitated. Hence the advantage to be derived from venesection is, at best, precarious. Spontaneous hemorrhage does not often prove critical. "Mr. Gibson, of the Bombay Medical Department, pronounces, that bleeding is not to be hazarded, except occasionally, to the new-comer, and that spontaneous hemorrhages, instead of proving critical, have always seemed to hasten death, and indeed, without a single exception, in his experience, to prove fatal." In the case before us, however, as the blood, instead of being dissolved and putrid, resembled in color and consistence that drawn in inflammatory diseases, venesection might have done no injury; but nevertheless it may be laid down as a general rule, that bloodletting does "no good."

In 1819, I performed the operation but twice; which was of no service in one instance; in the other, which was the case of Mrs. McFarland, who was enceint,* the immediate result seemed to make a favorable impression on the disease. (It so happened, her room being in a state of disorder, I let blood while this lady was in an erect posture.) As to the quantity, which was twelve ounces, I was governed by the influence it had, while flowing, in altering the character of her pulse. The blood was contained in a pint bowl; its surface was convex, sizzly and light colored; in form, consistence and color, an exact contrast to buff. But as this operation was followed immediately by an emetic, and such other remedies as the circumstances seemed to indicate, the advantage to be de-

* For orthography, see Webster's Dictionary.

rived from it was problematical. In my opinion, however, it coöperated with the other remedies in producing a successful result.

Finally, profuse bleedings are of doubtful efficacy, and ought not to be hazarded without the most mature deliberation; the practice of indiscriminate depletion by bloodletting and calomel, with the view of extinguishing the "cause" of yellow fever, is preposterous.

With regard to venesection, it may not be uninteresting to review the conflicting opinions of practitioners who have sustained a high rank in their profession, and whose experience has been extensive. To effect this object, recourse will again be had to Dr. Good's "Study of Medicine."

"Dr. Lind, Dr. Clark and Dr. Balfour, whose authorities were implicitly allowed and submitted to some fifteen or twenty years since, shuddered at the thought of the lancet, and generally commenced with clearing the stomach and intestinal tube by gentle emetics, or purgatives, or both, &c. The last of these physicians had recourse to the lancet where there was obvious proof of very violent local affection.

"The times, however, are changed, and by far the more popular plan of late years has consisted in active, profuse and repeated venesections, &c. Dr. Rush, regarding the inflammatory impetus as the sole cause of danger, boldly resolved to lay prostrate, if possible, the morbid Hercules at its birth, by bleeding, according to the state of the pulse, two or three times a day during the first two days, and by following the same plan as long as a single germ of an inflammatory diathesis should continue to be manifest. 'I paid no regard,' says he, 'to the dissolved state of the blood, when it appeared on the first or second day of the disorder, but repeated the bleedings afterwards, in every case, when the pulse continued to indicate it.' This plan he often pursued through the fifth, and even the seventh day, in the course of which period, from a hundred to a hundred and twenty ounces of blood were frequently taken away by six or eight applications of the lancet.

"Blood, instead of being taken away gradually and successively on the principle of a gradual depletion, in conformity to the practice of Dr. Rush, has by many, and especially by Dr. Jackson, who seems to have introduced the practice, been drawn off, on the accession of the disease, to thirty or forty ounces at once, with the view of making a decisive impression upon the system; the same bold use of the lancet being repeated, if such impression be not effected.

"Where there is not much impetuosity in the onset, no great derangement or prognostic of inflammatory congestion in the larger viscera, where the remissions are regular, and the epidemic is pretty uniform in its character, large and repeated bleedings, as a general rule, must be mischievous. They will not shorten the career of the disease, but they will convert the remittent into a continued fever; and we shall in the latter stage of its course stand wofully in need of that strength which we shall have squandered away at first, if we have commenced with profuse venesection.

"Dr. Hunter, in a tone still more generally proscriptive, and which will meet with few defenders at present, thought himself justified in affirming respecting venesection, that even 'in such cases as seemed most to require it—for example, where the patient was young, strong, of a full

habit, and lately arrived from Europe—when the pulse was quick and full, the face flushed, with great heat and headache—and all these at the beginning of the fever—bleeding did no good!

“The following is Dr. Good’s remark on Dr. Pinkard’s case:—Here a freer use of the lancet would have been of no avail, and, had not the author most judiciously forbade its further employment, in all probability he never would have been the historian of his own case.*

“If the disease make its incursion with great impetuosity; if the pulse be full and strong, or even if it be only hard, and there be great tendency to inflammatory congestion in any of the large organs, as the head, the chest, or, as is far more common, the stomach, the spleen and the liver, we cannot well be too bold both in bleeding and purging; and the plan laid down by Dr. Rush is by no means an exaggeration of what ought to be pursued.

“Dr. Pym speaks with a very just discrimination upon this subject, in observing that while the Bulam fever, or the disease in its most violent attack, is relieved by free venesection, the yellow fever, more properly so called from the brighter hue on the surface, or, in other words, that which is slighter in its incursion, will not often endure the lancet. Dr. Musgrave’s assertion seems to oppose this assertion, for he distinctly tells us that bloodletting in both forms is our sheet anchor; the only pillar on which we can securely rest any hope of *extensive* success. ‘We have repeatedly,’ says he, ‘with success, taken upwards of forty ounces of blood at one bleeding. With equal success we have in several cases renewed the bleeding up to the third, and even the fourth time; but, generally speaking, those which require such reiterated evacuation evince an obstinacy NOT LIKELY TO ADMIT OF A FAVORABLE RESULT UNDER ANY MODE OF TREATMENT. IT MUST ALSO BE REMEMBERED, THAT EVERY ONE WHO APPLIES FOR ASSISTANCE IS NOT ALIKE ABLE TO BEAR THIS LIBERAL DEPLETION.’”

[To be continued.]

DEATH RESULTING FROM EATING SLATE-STONE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed recently in your Journal, reports of several cases of perforation of the stomach and bowels, I am induced to send you a brief account of a case of perforation of the stomach from *eating slate-stone*, which occurred within my observation a few months since.

Miss B——, the subject of this case, 17 years of age, was of robust constitution, and possessed an unusual degree of mental and physical activity. Late in the evening of Thursday, the 23d of January, 1841, she was taken with a severe pain in the left side, after returning home (the distance of a mile and a half) from this village, where she had been attending a meeting. At this time Dr. Moore, of this village, was sent for, who gave her an emetic among other means, when she vomited up some slate-stone. Nothing serious, however, was apprehended from this

* See Good’s Study of Medicine, Boston, Vol. II., p. 186.

cause. Early on the morning of the 24th, I was summoned to attend her, Dr. Moore being from home. On arriving at her abode, I found her in extreme distress, and in a state of high agitation, the friends supposing her dying. After a short time, however, she became composed and comparatively comfortable, with the exception of a severe pain in the abdominal region. The bowels were swollen, and there was some tenderness of the same. There had been no cathartic operation, although she had taken several doses of castor oil during the night. At this time an enema was used, which brought away slate-stone, both in a dissolved and concreted state. On inquiry, it was ascertained that she had been in the habit of eating slate-stone every day for several weeks, and occasionally for months. In the evening of this day Dr. Moore, and Dr. Denison of Oran, saw the case with me, and concurred in the diagnosis and treatment. There had still been no cathartic operation; bowels more swollen, and occasional nausea at the stomach; pulse more feeble, and strength failing. Thus she continued to the time of her death, which took place on the morning of the 27th, three days from her first attack. No free catharsis took place till near the close of her sickness, although cathartics and enemas were thoroughly used, sustaining her by stimuli as seemed to be necessary. Nearly a pound of slate-stone is supposed to have passed away with the enemas which were used. Her mind remained clear up to the time of her death, and she seemed perfectly sensible of the cause of her sickness as well as the fatal termination which awaited her.

Post-mortem Examination, eighteen hours after death.—Natural expression of features; abdomen excessively distended. Proceeding to examine the stomach and bowels, as soon as the scalpel penetrated the abdominal cavity, a considerable quantity of fluid, with some air, was expelled. After the fluid was taken up sufficiently to permit me to view the opening from which it came, a ligature was applied, and I proceeded to examine the intestinal tube as it lay in the cavity, and afterwards to remove it, together with the liver, kidneys and bladder. Evidence appeared of slight inflammation having existed throughout the whole peritoneum. No appearance of stricture or distension of any part of the bowels was seen. On opening the intestine, in various parts of its extent it was found to contain the same slate-colored fluid and concretions which the patient discharged previous to death. Small flocculi or flakes of slate-stone were also seen within the folds of the intestine, which were not easily washed off. On examining the stomach, the ligature was removed from the opening, which was found to be a perforation, situated in the right curvature of the stomach, about two inches from the pylorus. It was about the size of a goose-quill. The edge presented an uneven, irregular appearance, of a dark color, resembling cauterized flesh, which could not be washed off. On washing the internal surface of the stomach, which was covered with fine flakes of slate-stone, marks of inflammation were seen in that portion of it surrounding the perforation. The liver, kidneys and bladder presented their usual healthy appearance.

Manlius, N. Y., Sept. 13th, 1841.

HORACE NIMS.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, SEPTEMBER 22, 1841.

MORBID THIRST FOR ARDENT SPIRIT.

It is well known that water does not instantly allay the morbid thirst which prompts the drunkard to drink intoxicating draughts. It is only by a long course of moral training that the disposition to renew those maddening potations which plunge the inebriate into an abyss of misery, can be effectually overcome. An intimation is given, in a highly respectable publication, that a simple swallow of milk may assuage this stomach-burning of the drunkard. If such is the fact, the remedy is so very simple, and so completely, too, within the reach of the poorest outcast of humanity, that those who sympathize with the wretched victims of the vice of drunkenness, and who have opportunity, cannot do less than institute a series of experiments with a view to ascertaining whether there is any confidence to be placed in this proposed remedy.

Bowen's improved Apparatus for managing fractured Limbs.—"It is the best apparatus, I say unequivocally," says Dr. Parker, of New York, "that I have seen. It embodies all the advantages of Boyer's, Desault's, Gibson's, Bell's, Amesbury's and Smith's, with other merits of much importance, which none of these last-mentioned instruments possess." Dr. Cadwell, a surgeon of Watertown, N. Y., assures us that this is admirably constructed for making extension; and from a close examination, we think, for ourselves, that it is a highly ingenious piece of mechanism, which must fulfil the intentions of the artist. The manufacturer is Mr. Nathaniel S. Raymond, a New-England mechanic, who resides at Utica, N. Y., where orders may be sent. The agents in Boston are Messrs. Brewer, Stevens & Cushing, druggists, No. 90 Washington street. A complete machine for the leg and thigh is left with the editor, which is for the inspection of any who have either curiosity to gratify, or a desire to possess an important, useful surgical instrument. A description of it is wholly out of the question. Even with a plate there would be a difficulty in exhibiting the sliding joints: it must be seen to be understood or appreciated.

Pennsylvania College.—By a copy of the circular of the medical department of this College, we are reminded of the revolution of another year since a notice was taken of this same Institution. It seems that no essential alterations have been made since last season. Surgery, as will be seen by the advertisement, is in the hands of the celebrated Dr. Geo. McClellan, and anatomy and physiology, as in past times, is retained by the faithful Dr. Morton. Dr. Bird commences a new career, in the chair of materia medica and pharmacy. It seems to us that a man of his high literary endowments will find the details of either of these subjects rather dull. Tickets, \$15 each; graduation, \$25. Students have every possible facility—and from a personal knowledge of some of the faculty, we feel assured that those who resort there, will be well and profitably instructed.

University of Maryland.—On the first Monday of September, the lectures commenced, according to the circular of the faculty of physic. We regret not having observed sooner that the term commenced thus early in the season, since we are deprived thereby of the opportunity of making the fact known for the benefit of such medical students as might be disposed to attend the lectures of a deserving institution. Dr. Smith, the surgeon, known extensively, has no superior and few equals in his department. Fees for the ticket of each chair, \$20—making a total expense for tuition, of \$120. Hospital and infirmary advantages are not inferior to those of any other school, north or south.

Phrenological Journal.—Nathan Allen, M.D., the able and amiable editor of the only Journal in this country devoted to the dissemination of the principles of phrenology, has resigned the charge, much to the regret of those who have heretofore looked to him for all the intelligence appertaining to this special department of philosophy. Before leaving, Dr. Allen had completed the third volume, the expenses of which, say the proprietors, have exceeded the receipts by several thousand dollars.—Messrs. O. S. & L. N. Fowler, the best practical phrenologists in the United States, if not in the world, according to the opinion of good judges, are the sole owners, and by them it will probably, in future, be conducted. We know all about being the *loser* in publishing a periodical, and therefore heartily commiserate fellow sufferers.

Homœopathic Examiner.—A double No. for July and August, came as late as the 10th of the present month, which is not quite as punctual as formerly, or at least not so early as the patrons would like to have the work. Dr. Hull has associated with him in the editorial management of this very beautifully executed periodical, Dr. Gray, a friend of whom he speaks in the kindest manner. The whole of Dr. Robert Capen's concise account of the mode of managing dislocations, taken from the American Medical Almanac, of the present year, is re-published in the Examiner. This is quite complimentary to Dr. Capen—a capital writer and good practitioner, who resides at Plymouth, Mass. A paper prepared by Dr. C., on the treatment of ulcers, distinguished for its brevity as well as sound sense and other good properties, will appear in the next annual volume of the Medical Almanac.

Guardian of Health.—Thomas E. Bond, Jr., M.D. and Chapin A. Harris, M.D., of Baltimore, are the joint editors of an interesting monthly periodical, devoted to domestic hygiene, with the above title, a specimen of which, comprising Nos. 1, 2 and 3, is before us. In every family, whether at the South or North, this publication would be prized if there was a single ray of intelligence in the household. The article entitled "*Remedies in case of Poisons and Accidents*," printed on a card, and nailed up in every dwelling throughout the entire country, would save many lives which are annually sacrificed as martyrs to ignorance. The paper on croup is worth committing to memory by all mothers. In a word, the plan and whole execution of this new journal is unexceptionable, and we shall be gratified to aid in extending its circulation as widely as its merits deserve.

Popular Lectures on the Structure and Functions of the Human Body.—Dr. Dunbar, of Baltimore, is about delivering a popular course of lectures in that city, illustrated by casts, drawings, and one of the Auzoux manakins. In addition to the best of personal requisites, Dr. D. will have at command all the facilities of an extensive private cabinet, which has been collected with great care and judgment, and he will therefore be very happy and instructive. The public are always willing and earnest to sustain any efforts made for the diffusion of useful knowledge.

Boston Lunatic Hospital.—Another valuable report of the past and present condition of this Institution—distinctly a lunatic hospital for the poor—by Dr. Butler, is published. The tables are elaborately constructed, and the whole account is so plain and satisfactory that it is a good model for others to follow in similar hospitals. Not having room for copying the statistical details the present week, a future notice will embrace the most important parts of the report.

Medical Promotions and Appointments in the Navy.—Passed Assistant Surgeons to be Surgeons:—Daniel C. McLeod, July 23, 1841; Lewis Wolfley, July 29, 1841. From Sept. 8th, 1841:—Lewis W. Minor, William J. Powell, J. Frederick Sickels, N. C. Barrabino, Henry S. Reynolds, M. G. Delaney, Wm. F. McClenahan, Wm. L. Van Horne, Daniel S. Green.

Appointments.—To be Assistant Surgeons, Sept. 8, 1841:—A. A. Henderson, Pa.; John Hastings, Pa.; C. H. Broughton, Va.; R. T. Maxwell Del.; Ed. McKinley, Pa.; A. P. J. Garnett, Va.; Hugh Morson, Va.,

New Medical Books.—The following works have lately been published in London:—The Cause and Treatment of Curvature of the Spine, and Diseases of the Vertebral Column, with Cases. By E. W. Tuson, F.R.S., F.L.S., Surgeon to the Middlesex Hospital. With 20 plates, price 16s. 6d.—Brande's Manual of Chemistry; thoroughly revised and greatly enlarged; and incorporating all New Facts and Discoveries in the Science, Foreign as well as British. By William Thomas Brande, F.R.S., of the Royal Mint; Professor of Chemistry in the Royal Institution. 1500 closely-printed pages, 8vo. with numerous wood cuts, 35s., the fifth edition.—Deformities of the Spine and Chest, successfully treated by Exercises alone, and without Extension, Pressure, Division of Muscle, or other painful and useless Operations. Illustrated by many Plates. By C. H. Rogers Harrison, M.R.C.S., &c.—The History of Syphilis, and of its Cure without Mercury. By G. Hume Weatherhead, M.D., Edin., Member of the Royal College of Physicians, &c. Price 6s.—The Present State of Aural Surgery; with Remarks on the present Mania for unnecessary, bold and dangerous Operations, Catheterism, &c. By John Harrison Curtis, Esq., Surgeon to the Royal Dispensary for Diseases of the Ear. Price 1s.—The Human Brain; its Configuration, Structure, Development, and Physiology; illustrated by References to the Nervous System in the lower Orders of Animals. By Samuel Solly, F.R.S., Lecturer on Surgery, and Assistant Surgeon to St. Thomas's Hospital, &c. One vol. small 8vo. with twelve Plates. Price 12s.

TO CORRESPONDENTS.—Dr. J. M. Warren's report of operations for the cure of wry neck, and Prof. Hamilton's cases of varicocele, with other papers before acknowledged, are on file for publication.

MARRIED.—In South Reading, Nathan Allen, M.D., of Philadelphia, to Miss Sarah H., eldest daughter of Dr. Thaddeus Spaulding, of S. Reading.

DIED.—At Montpelier, Vt., Dr. Jacob Gleason, formerly of Medford, Mass., 34.—At Washington University, Baltimore, Dr. J. J. Laphen, resident physician.

Number of deaths in Boston for the week ending Sept. 18th, 46.—Males, 26; Females, 20.

Of consumption, 4—bowel complaint, 3—infantile, 1—old age, 2—dysentery, 10—accidental, 1—measles, 1—typhus fever, 3—diarrhea, 4—dropsy, 1—fracture of the knee, 1—teething, 1—child-bed, 1—lung fever, 1—suicide, 1—cholera infantum, 1—disease of the heart, 2—inflammation of the brain, 1—canker in the bowels, 1—chronic bronchitis, 1—disease of the liver, 1—debility, 1—liver complaint, 1—inflammation of the bowels, 1.

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

The Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.
GEORGE McCLELLAN, M.D., Surgery.
WILLIAM RUSH, M.D., Principles and Practice of Medicine.
ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.
SAMUEL McCLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.
WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—eptw

S. G. MORTON, M.D., *Dean.*

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of the Society on Wednesday, the sixth of October, at 11, A. M., at their room, Masonic Temple, Tremont street.

GEORGE W. OTIS, JR.
Recording Secretary.

S. 22—tin

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	- - - - -	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	- - - - -	ELI IVES, M.D.
Materia Medica and Therapeutics, by	- - - - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - - -	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841.

Jy 14—tsep28

CHARLES HOOKER, *Sec'y.*

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday in October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	- - - - -	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	- - - - -	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	- - - - -	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	- - - - -	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	- - - - -	JOHN DELAMATER, M.D., Sarat. Springs.
Principles and Practice of Surgery, by	- - - - -	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator, - - - - -	- - - - -	SUMNER RHODES, M.D. Geneva.

Geneva, August 17, 1841.

S 1—eptO

C. B. COVENTRY, *Dean.*
JAMES HADLEY, *Registrar.*

PROLAPSUS UTERI.

The attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2.50 to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 3 Winter, corner of Washington st., Boston.—The instrument may also be obtained at the Medical Journal office.

A. F. BARTLETT.

Nov. 25.—2w&1am6m.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

The annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SAITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$168. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

The Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARE, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
on Surgery, by	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

A 47, 2b, 1841.

A 23—tDecl

W. E. HORNER,
Dean of the Med. Faculty, 253 Chesnut st., Philadelphia.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by	DR. WARREN, \$15.00
Midwifery and Med. Jurisprudence, by	DR. CHANNING, 10.00
Materia Medica, by	DR. BIGELOW, 10.00
Principles of Surgery and Clinical Surgery, by	DR. HAYWARD, 10.00
Chemistry, by	DR. WEBSTER, 15.00
Theory and Practice of Physic and Clinical Medicine, by	DRS. WARE and BIGELOW, 15.00

At a meeting of the Medical Faculty, May 29, 1841, it was Voted, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

S 1—eptN

WALTER CHANNING, Dean.

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND Session of this Institution will commence on the first Monday of November next. The faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.

H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.

CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.

THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—tN

THOS. E. BOND, JR., Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 131 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.